



**INLAND COUNTIES EMERGENCY MEDICAL AGENCY**

*Serving San Bernardino, Inyo, and Mono Counties*

**515 N ARROWHEAD AVENUE  
SAN BERNARDINO, CA 92415-0060  
909-388-5823 FAX: 909-388-5825**

**DUPLICATE CARD APPLICATION**

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**PRINT OR TYPE - ALL ITEMS MUST BE COMPLETED**

**[ ] LOST OR STOLEN CERTIFICATION/ACCREDITATION CARD**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address, City, State, Zip

\_\_\_\_\_  
Certification/Accreditation Number/Expiration Date

*I hereby declare that my certification/accreditation card has been stolen or lost, and request that a duplicate card be issued.*

\_\_\_\_\_  
Signature/Date

FEE: \$20.00 [ ] cash [ ] money order

Receipt# \_\_\_\_\_

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**[ ] CHANGE OF LEGAL NAME**

**THE FOLLOWING DOCUMENTATION MUST BE SUBMITTED:**

- Legal proof of name change; (for example: drivers license, marriage license, court documents, etc.)
- ICEMA Certification/Accreditation Card.

\_\_\_\_\_  
Former Name

\_\_\_\_\_  
New Name

\_\_\_\_\_  
Address, City, State, Zip

\_\_\_\_\_  
Certification/Accreditation Number/Expiration Date

*I hereby declare that my name has been legally changed, as stated above, and request that a certification/accreditation card bearing my new name be issued.*

\_\_\_\_\_  
Signature/Date

FEE: \$20.00 [ ] cash [ ] money order

Receipt# \_\_\_\_\_